

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26088

1. PLACE OF DEATH
 35 County Dunklin Registration District No. 258
 7 Township Dunklin Primary Registration District No. 4172
 4 City Kenett (No. _____) St. _____ Ward _____
 2. FULL NAME Ira Jane Shepherd
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-10-33</u> , 19	
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John S. Shepherd</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1932</u> , 19, to <u>8-10-33</u> , 19.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24, 1882</u>				I last saw her alive on <u>8-8-33</u> , 19. Death is said to have occurred on the date stated above, at <u>11 P.</u> m.		
7. AGE	YEARS	MONTHS	DAYS	The principal cause of death and related causes of importance were as follows:		
	<u>40</u>	<u>4</u>	<u>14</u>	<u>Chr. Definite</u> Date of onset <u>1932</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			11. Total time (years) spent in this occupation			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Horris City, Ill.</u>			Other contributory causes of importance			
13. NAME <u>Tom Bramm</u>			Name of operation _____ Date of _____			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____			
15. MAIDEN NAME <u>Ellen Starkey</u>			23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>			Manner of injury _____ Nature of injury _____			
17. INFORMANT <u>John Shepherd</u> (ADDRESS)			24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nazel Cem.</u> DATE <u>8-11-33</u> , 19			(Signed) <u>W. H. S. [Signature]</u> , M. D. (Address) <u>Kenett, Mo.</u>			
19. UNDERTAKER <u>W. H. S. [Signature]</u> (ADDRESS)						
20. FILED <u>Aug 29, 1933</u> <u>W. H. S. [Signature]</u> Registrar.						

